



**AMERICAN ACADEMY  
OF  
FERTILITYCARE PROFESSIONALS**

**APPLICATION FOR  
CERTIFICATION  
FOR THE  
FERTILITYCARE  
PRACTITIONER**



Your Application Reviewer is here to help!  
Please see page 7 of this application for instructions on  
obtaining  
the name of your Application Reviewer.

If you have questions while you are filling out your application,  
please email your Application Reviewer for assistance.

We will be pleased to help you.

**American Academy of FertilityCare Professionals**

**Application for Certification  
for the FertilityCare Practitioner**

UNLESS OTHERWISE SPECIFIED, ALL REQUESTED INFORMATION APPLIES TO  
CREIGHTON MODEL FERTILITYCARE.

**APPLICANT:**

NAME: \_\_\_\_\_

HOME

ADDRESS: \_\_\_\_\_

(Street)

(City)

(State) (Zip)

HOME

PHONE:(\_\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

AAFCP MEMBER: No: \_\_\_\_\_ Yes: \_\_\_\_\_ Category: \_\_\_\_\_

**I. NAME OF YOUR SERVICE DELIVERY PROGRAM:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street)

(City)

(State) (Zip)

PHONE:(\_\_\_\_\_) \_\_\_\_\_

DATE OF NFP EMPLOYMENT: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

**II. FERTILITYCARE EDUCATION PROGRAMS ATTENDED:** (Standard 2.0 -3.0)

**A. PROGRAMS:**

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

PHONE:(\_\_\_\_\_) \_\_\_\_\_

PROGRAM

DIRECTOR: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE SATISFACTORILY COMPLETED EDUCATION PROGRAM: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

PHONE:(\_\_\_\_\_) \_\_\_\_\_

PROGRAM

DIRECTOR: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

DATE SATISFACTORILY COMPLETED EDUCATION PROGRAM: \_\_\_\_\_

**II. FERTILITYCARE EDUCATION PROGRAMS ATTENDED:** (Continued)

- B. Please submit a copy of your certificate(s) awarded on completion of the program(s).
- C. Please submit a copy of the grade sheet of your final examination for your education program(s). (Standard 3.0)

**III. CODE OF ETHICS:** (Standard 1.0)

- A. I have read and agree to accept and adhere to the Code of Ethics of the American Academy of FertilityCare Professionals. (Standard 1.2.1)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

- B. Please request a letter of reference regarding your adherence to the Code of Ethics from an individual in your community who has direct knowledge of your FertilityCare service delivery, to be sent directly to the Chairman, Commission on Certification. This letter should be submitted by a CFCE, CFCS, CFCP, CFCI, or CNFPMC, in that order of preference, and may not be from a relative. (Standard 1.2.2)

**IV. FIELD SERVICE - TEACHING:** (Standards 4.0 - 5.0)

- A. Are you currently teaching FertilityCare? Yes:\_\_\_\_\_ No:\_\_\_\_\_

- 1. Dates of active teaching since completion of education program:

From \_\_\_\_\_ To \_\_\_\_\_  
Mo/yr. Mo/yr.

- 2. If teaching has not been continuous, please list intervals when not teaching:

From \_\_\_\_\_ To \_\_\_\_\_  
Mo/yr. Mo/yr.

From \_\_\_\_\_ To \_\_\_\_\_  
Mo/yr. Mo/yr.

From \_\_\_\_\_ To \_\_\_\_\_  
Mo/yr. Mo/yr.

- B. Do you understand that Certification, if received, will be only for Creighton Model? (Standard 5.2.2)

Yes:\_\_\_\_\_ No:\_\_\_\_\_

**IV. FIELD SERVICE - TEACHING:** (Continued)

- C. List all other models of NFP that you teach and the percentage of clients taught in that model:
- | MODEL | PERCENTAGE OF CLIENTS |
|-------|-----------------------|
| _____ | _____                 |
| _____ | _____                 |

Comment \_\_\_\_\_

**NOTE: THE FIELD SERVICE COMPONENT REFERS TO TEACHING DONE AFTER COMPLETION OF YOUR EDUCATION PROGRAM. THIS FIELD SERVICE COMPONENT MAY NOT BE LONGER THAN 36 MONTHS PRIOR TO APPLICATION FOR CERTIFICATION; IT MAY BE SHORTER, AS LONG AS ALL STANDARDS ARE MET.**

- D. Please complete the enclosed case list for the last 10 clients entering your program during the field service component. (ATTACHMENT #1) (Standard 4.2.2)
- E. Number of new clients instructed during the field service component (Introductory Session and at least one follow up). (Minimum of 10 required.) (Standard 6.0)

\_\_\_\_\_

How many of these were in the past 12 months? (Minimum of 3 required.)

\_\_\_\_\_

- F. Number of Follow-ups conducted during the field service component. (Minimum of 50 required.) (Standard 7.0)

\_\_\_\_\_

How many of these were in the past 12 months? (Minimum of 10 required.)

\_\_\_\_\_

- G. Number of Introductory Sessions conducted during the field service component? (Minimum of 4 required.): (Standard 8.0)

\_\_\_\_\_

How many of these were in the past 12 months? (Minimum of 2 required.)

\_\_\_\_\_

If Introductory Session is shared with another person, which slides do you present?

\_\_\_\_\_

With whom? \_\_\_\_\_

**IV. FIELD SERVICE - TEACHING:** (Continued)

- H. Pregnancy information: **(for those clients entering program during field service component)** (Standard 10.0)
1. Number of pregnancies in case list: \_\_\_\_\_  
Number of pregnancy evaluations on your clients completed during field service component: \_\_\_\_\_
  2. Number of pregnancy evaluations completed:  
In person \_\_\_\_\_ by correspondence \_\_\_\_\_ by telephone \_\_\_\_\_
  3. How many pregnancy evaluations were conducted in:  
First trimester: \_\_\_\_\_ Second trimester: \_\_\_\_\_  
Third trimester: \_\_\_\_\_ After delivery: \_\_\_\_\_
  4. List the number of pregnancies in each classification:  
I \_\_\_\_\_ IIA \_\_\_\_\_ IIB \_\_\_\_\_ IIC \_\_\_\_\_ IID \_\_\_\_\_ III \_\_\_\_\_
  5. Were second pregnancy evaluations done for all class IIA or III pregnancies?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
  6. List second pregnancy classifications for all class IIA or III pregnancy Evaluations:  
I \_\_\_\_\_ IIA \_\_\_\_\_ IIB \_\_\_\_\_ IIC \_\_\_\_\_ IID \_\_\_\_\_ III \_\_\_\_\_
- I. In order to assess your individualized case management, the Commission on Certification will select a case from your case list to be reviewed.

**V. FIELD SERVICE - FORMAT:** (Standards 11.0 - 15.0)

- A. Do you utilize the specific teaching tools and format as prescribed by the Creighton Model education program?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
- B. Please complete the attached form relevant to your teaching tools format. (ATTACHMENT #2) (Standard 11.2.1)
- C. Please enclose a statement describing the way in which you maintain individualized instruction, privacy and confidentiality. ***Sign and date.*** (Standard 12.2.1)

**V. FIELD SERVICE - FORMAT:** (Continued)

D. Check those other than yourself present at Follow-ups (Standard 12.2.2):

1. FCP (other than self) \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
2. FCI \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
3. FCPI \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
4. Client/couple \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
5. Other client/couple \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
6. Children (yours) \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
7. Children (theirs) \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
8. Your spouse \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
9. Other professionals \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never
10. Other (Identify: \_\_\_\_\_) \_\_\_\_\_ always \_\_\_\_\_ sometimes \_\_\_\_\_ never

E. Indicate the number of clients in your program for each of the following areas:

Total number of clients: \_\_\_\_\_ Total number lost to F-up: \_\_\_\_\_

Total number in long-term F-up: \_\_\_\_\_

If you have clients who are not in long-term follow-up, but should be, have you tried to contact them? (List them below.)

Client	Yes	No	When	How

**VI. FIELD SERVICE - DATA:** (Standards 16.0 - 18.0)

- A. Please attach a tally of responses of your clients' evaluations of teaching sessions and performances for all clients taught during the field service component. (Include tallies of Introductory session, Follow-up and Teacher evaluations.)
- B. Please complete the attached form indicating satisfaction and confidence responses of new clients taught during the field service component. (ATTACHMENT #3)
- C. Do you keep statistics for your service program?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please submit a photocopy of a completed form for each area of statistics kept. (For example log book, census report form, etc.)

**VII. REFERRALS:** (Standard 19.0)

Please submit a list of your resources for all areas of referral.

**VIII. CONTINUING EDUCATION:** (Standard 20.0)

- A. Please indicate continuing education programs attended, or studies completed.

- 1. \_\_\_\_\_ Participation at staff conferences.
- 2. \_\_\_\_\_ Attendance at AAFCP annual meetings.
- 3. \_\_\_\_\_ Attendance at other Academy approved meetings.
- 4. \_\_\_\_\_ *"The Medical and Surgical Practice of NaProTechnology"* by Thomas W. Hilgers, MD. (On a separate sheet, document which pages you read.)
- 5. \_\_\_\_\_ Review of audio/video tapes from AAFCP approved continuing education programs. Minimum of 10 contact hours required for this choice. (Include a documentation form for each review. Documentation form can be found on our website.)
- 6. \_\_\_\_\_ Completion of other Academy approved continuing education programs of study. (Include documentation of attendance.)

CONTINUING EDUCATION PROGRAM	LENGTH OF TIME SPENT AT EVENT	DATE OF ATTENDANCE

**VIII.        CONTINUING EDUCATION:** (Continued)

- B.    Attach certificate or documentation of attendance.

APPLICANT'S SIGNATURE:\_\_\_\_\_

DATE\_\_\_\_\_

**NEXT STEPS**

Please read very carefully to avoid delays in processing your application.

1. Pay the certification fee.

Application processing fee of \$53 can be made at [www.aafcp.net](http://www.aafcp.net) under the tab "Certification". Please email a copy of your PayPal receipt to the Chairman at [aafcp.coc.chairman@gmail.com](mailto:aafcp.coc.chairman@gmail.com). If you cannot use PayPal and must mail a check, please contact the Chairman at [aafcp.coc.chairman@gmail.com](mailto:aafcp.coc.chairman@gmail.com) for a mailing address.

2. Submit your application and ALL SUPPORTING ATTACHMENTS in one, single document or package. Electronic submission (email attachment) is strongly preferred. You may find our Electronic Submission Policy on the AAFCP website. Only applications in a single file as outlined in the policy will be accepted.

Your application should be submitted to ONLY your Application Reviewer. You will find a list of Application Reviewers on the website. Find the one that handles applications coordinating with your last name and submit your application to that individual. If you cannot submit your application electronically, please email your Application Reviewer for a mailing address.

**Please keep a copy of your application and all attachments in your files.**

3. Arrange to have your letter of reference emailed directly to the Chairman at [aafcp.coc.chairman@gmail.com](mailto:aafcp.coc.chairman@gmail.com).

Name and email of Application Reviewer\_\_\_\_\_

**CERTIFICATION PROCESSING FEE (\$53) IS NON-REFUNDABLE.**

# CASE LIST FOR INITIAL CERTIFICATION

[illegible]

**USE OF TEACHING TOOLS AND FORMAT** (Standard 11.0)

For Creighton Model Teaching:

- Rate your compliance, according to the scale below, for each item:

1	2	3	4	5
NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS
(0%)	(25%)	(50%)	(75%)	(100%)
1. _____	The Picture Dictionary of the Creighton Model Fertility <i>Care</i> ™ System (1st and 2nd Follow-ups).			
2. _____	The User Manual.			
3. _____	The introductory session.			
4. _____	The Creighton Model Fertility <i>Care</i> chart.			
5. _____	The Creighton Model Fertilty <i>Care</i> follow-up form.			
6. _____	The observations are made according to prescribed routine.			
7. _____	The reproductive category specific cycle review and observational review.			
8. _____	The pregnancy evaluation.			
9. _____	Case management.			
10. _____	Basic method instructions.			
11. _____	Special method instructions.			
12. _____	Basic issues.			
13. _____	Advanced issues.			
14. _____	General intake form.			
15. _____	Basic charting.			
16. _____	Basic chart reading and correcting.			
17. _____	The teaching schedule.			
18. _____	Basic principles of follow-up.			
19. _____	Basic organization of the teaching program. (Chapter 19, "The Creighton Model Fertility <i>Care</i> System: A Standardized Case Management Approach to Teaching: Book I: Basic Teaching Skills".)			
20. _____	Follow-up by individual client/couple appointment.			
21. _____	Pregnancy follow-ups.			
22. _____	Introductory session evaluation forms.			

**USE OF TEACHING TOOLS AND FORMAT (Continued)**

- 23. \_\_\_\_\_ Teacher evaluation form.
- 24. \_\_\_\_\_ Follow-up evaluation form.
- 25. \_\_\_\_\_ Follow-up on all protocols (B6, Vitamin C, Lactinex).
- 26. \_\_\_\_\_ Follow-up on case management of yellow stamps.
- 27. \_\_\_\_\_ Medical, psycho-social, spiritual problems and recommendations.
- 28. \_\_\_\_\_ Log book.
- 29. \_\_\_\_\_ Long-term follow-up.
- 30. \_\_\_\_\_ Information cards.
- 31. \_\_\_\_\_ Intention: use assessment.

Comment on each item on which your rating is less than a 5:

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I HAVE READ THE FOLLOWING AND UTILIZE THEM AS A RESOURCE:

	YES	NO
Reproductive Anatomy and Physiology	_____	_____
The Creighton Model Fertility <i>Care</i> System: A Standardized Case Management Approach to Teaching - Book I: Basic Teaching Skills	_____	_____
The Creighton Model Fertility <i>Care</i> System: A Standardized Case Management Approach to Teaching - Book I: Advanced Teaching Skills	_____	_____

ACTUAL SATISFACTION AND CONFIDENCE RESPONSES OF YOUR CLIENT/COUPLES  
(Standard 17.0)

[illegible]

### **CHECK LIST FOR APPLICANT**

HAVE YOU ENCLOSED THE FOLLOWING WITH YOUR APPLICATION?

- \_\_\_\_\_ Copy of Education Program certificate of completion
- \_\_\_\_\_ Final exam grade sheet.
- \_\_\_\_\_ ATTACHMENT #1: Case List.
- \_\_\_\_\_ ATTACHMENT #2: Use of Teaching Tools and Format.
- \_\_\_\_\_ ATTACHMENT #3: Satisfaction and Confidence Response.
- \_\_\_\_\_ Certification fee (\$53) PayPal Receipt
- \_\_\_\_\_ Clients' tally of evaluations.
- \_\_\_\_\_ Photocopy of list of referral sources.
- \_\_\_\_\_ Photocopy of program statistics form.
- \_\_\_\_\_ Continuing education documentation.
- \_\_\_\_\_ Statement regarding privacy, confidentiality and individualized instruction.

Has your letter of reference been requested? Yes:\_\_\_\_\_ No:\_\_\_\_\_

APPLICATION CAN BE PROCESSED ONLY AFTER RECEIPT OF ALL THE ABOVE ITEMS.